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Bib Data Sheet

CONFIRMATION NO. 8442

<b>SERIAL NUMBER</b> 09/910,186	<b>FILING DATE</b> 07/20/2001 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> A33626A 067252.0107
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 09/611,419 07/06/2000  
WHICH CLAIMS BENEFIT OF 60/133,866 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,868 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,869 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,865 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,873 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,867 05/12/1999  
AND CLAIMS BENEFIT OF 60/146,192 07/29/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

PCT/US00/12890 05/12/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 22	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**

21003

**TITLE**

Recombinant vaccine against botulinum neurotoxin

**FILING FEE RECEIVED**  
1614

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____